Revised December 1974 SFUND RECORDS CTR STATE WATER RESOURCES CONTROL BOARD 999085193 STATE DEPARTMENT OF HEALTH PRODUCER OF WAST藍 (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) Name (print or type): Suberior Industrial Name (print or type); Manchester 8-7542 Pick Up: P.O. or Contract No. Order Placed By State Liquid Waste Hauler's Registration No. (if applicable): Type of Process No. of Loads or Trips: which Produced Wastes: Examples: metal plating, equipment cleaning, oil drilling -- Code No. Vehicle: barrels. I flatbed. wastewater treatment, pickling bath, petroleum refining) The described waste was houled by me to the disposal # DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted I certify (or declare) under penalty Check type of wastes: of perjury that the foregoing is true 1. Acid solution 8. [] Tank bottom sediment and correct. 2. Alkaline solution 9. 🛛 011 3. 🛘 Pesticides 10. | Drilling mud disposer) 4. [] Paint sludge 11. Contaminated soil and sand 5. [] Solvent 12. | Gannery Waste Name (print or type) 13. D later waste 6. [] Tetraethyl lead sludge 7. Chemical toilet wastes 14. 💢 Mug and water Site Address. 15. T Brine The hauler above delivered the described waste to this disposal facility and Other (Specify) it was an acceptable material under the terms of RWQCB requirements. State Department of Health regulations, and local restrictions. Quantity measured at site (if appl(cable):____ (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Handling Method(s): organics (list), cyanide) recovery treatment (specify): ation, precipitation)..Code No camples: incineration disposal (specify): spreading (spectfy): If waste is held for distor Disposal Date: I certify (or declar of perjury that the foregoing is to and correct. Hazardous Properties of Waste: Signature of authorized agent and title toxic | flammable Corrosive Pexplosive The site operator shall submit a legible copy of each completed Record to the barrels State Department of Health with monthly fee reports. (42 gal) (specify) Containers: (specify) A081608 Physical State: Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. of perjury that the foregoing is true

ature of authorized agent and title

(specify)

Code No.

Code No: